CLAIMS ONLY

9/14/06

Application Number	Filing Date
9/763515	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	/		/			
11	/		/			
12	/		/			
13	/		/			
14	/		/			
15	/					
16		3		6		
17		5				
18		5		6		
19		5				
20		5		6		
21		5		6		
22	/		/			
23	/		/			
24	/		/			
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	12		13			
Total Depend	30		25			
Total Claims	42		37			

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						